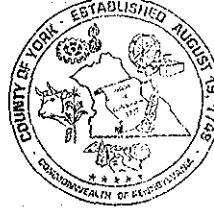


THE COUNTY COMMISSIONERS OF YORK COUNTY



1:01CV 1282

7/25/01
Caldwell/p

OFFICE OF

JAMES F. DONAHUE
COUNTY COMMISSIONER
717-771-9303

COUNTY ADMINISTRATIVE OFFICES
One West Marketway, 4th Floor
York, Pennsylvania 17401

June 4, 2001

Mr. Desmond V. Gayle, #55438
York County Prison
3400 Concord Road
York, Pa 17402

Dear Mr. Gayle:

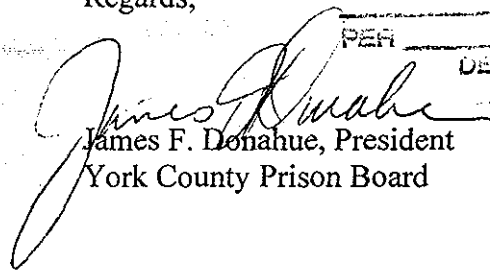
I have now received your third letter of complaint, dated May 24, 2001, regarding your medication and your need of a lower bunk bed instead of an upper level bed. My response is the same as before, I have referred your complaint to Warden Hogan for his investigation. The Board of County Commissioners will stand behind whatever recommendations the Warden makes pertaining to this matter.

Thank you again for your correspondence.

FILED
SCRANTON

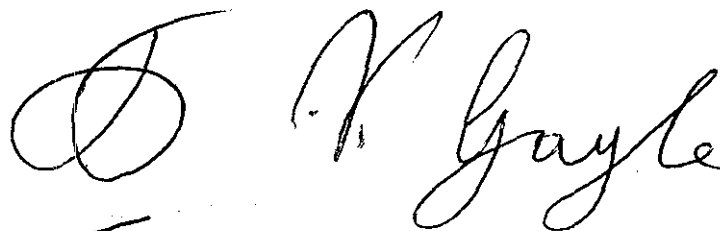
JUL 25 2001

Regards,


James F. Donahue, President
York County Prison Board

PER _____
DEPUTY CLERK

JFD:mrr


June, 28, 2001

THE COUNTY COMMISSIONERS OF YORK COUNTY

OFFICE OF

JAMES F. DONAHUE
COUNTY COMMISSIONER
717-771-9303

COUNTY ADMINISTRATIVE OFFICES

One West Marketway, 4th Floor
York, Pennsylvania 17401

June 4, 2001

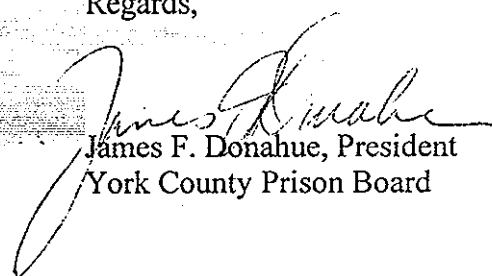
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York County Prison
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York, Pa 17402

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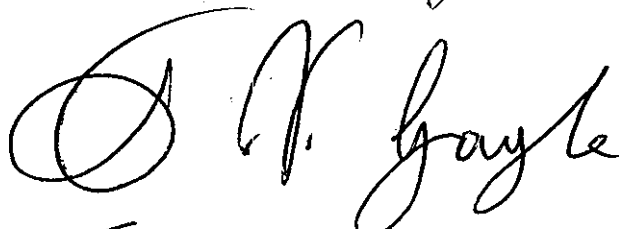
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Thank you again for your correspondence.

Regards,


James F. Donahue, President
York County Prison Board

JFD:mrr


June 28 2001
June, 28, 2001

YORK COUNTY PRISON
COMPLAINT REVIEW SYSTEM
(802) RESPONSE

TO: Desmond Gayle Complaint Register # 050901 17
Inmate Name
TE A-3H 55438 Date 5/9/01
Inmate Location Pouch Number

I have received your grievance and my response is as follows:

Your bottom bunk request was denied by the medical department
because you do not have a medical necessity for lower bunk housing.

Brea Funi
Complaint Supervisor

☒ Inmate received a copy of this response and did not wish to appeal.
☐ Inmate given or sent a copy of appeal form (804).

Inmate Keeps Yellow Copy
Send Original & Pink To Deputy Warden

**YORK COUNTY PRISON
COMPLAINT REVIEW SYSTEM
(804) APPEAL**

Demond Gayle
Inmate Name

Complaint Register # 050901 D

IR A-3A
Inmate Location

55438
Pouch Number

Date 5/9/01

I wish to appeal the decision of the complaint supervisor. My reason for the appeal is as follows:

① I AM A Mentally ill patient! I have been
② diagnosed with the mental problem since
③ September of 1996. I AM presently taking
④ heavy medication for my sickness!
⑤ I have been in three Psychiatric Hospitals
⑥ for treatment, in New York State
⑦
⑧ Montefiore Hospital ⑨ Kings County Hospital
⑩ And Mid-Hudson State of New York Hospital
⑪ I Am A sick mental person, who hear voices
⑫ at Night and I lost mental control of my self.
⑬ occasionally. So the before Doctor Benett
⑭ and Doctor "SAIT FIR" of Mid-Hudson Hospital
⑮ place me on 20 = milligrams of Zyprexa
⑯ medication.
⑰
⑱ I take my Medication at Night times
⑲ Bedtime only. it is A heavy medication
⑳ for my BRAIN, and each
㉑ Night the medication makes me VERY
㉒ Intoxicated And DIZZY OR Drunk
㉓ I have difficulties getting on and off the top
㉔ Bunk Bed, when the medication takes effect.
㉕ I fell down twice in one week, the first week
㉖ of MAY, at Night time while going to used the
㉗ toilet late at Night. this fall happens because of
㉘ the Intoxication and Drowsy ness from my strong
㉙ Mental medication. please SIR, Could you URGENTLY
㉚ place me on A Bottom Bed-Bunk, so I CAN
㉛ No longer fell off, under the Medication Intoxication
- And Drowsy ness

Inmate keeps yellow copy
Send original & pink to Deputy Warden

Demond V. Gayle
INMATE NAME

D. A. Paul June 28 2001